



MORBIDITY AND MORTALITY WEEKLY REPORT

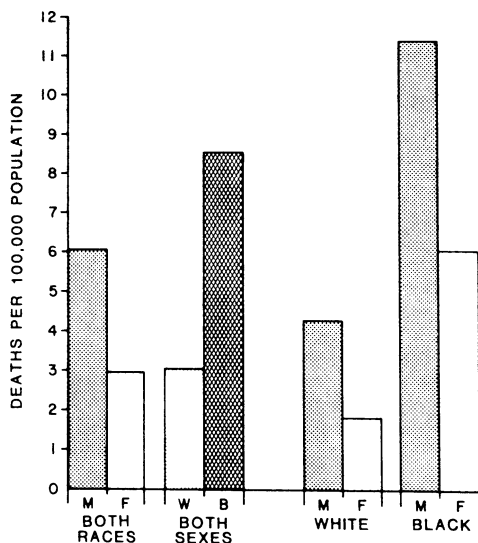
- 625 Fire- and Burn-Associated Deaths — Georgia, 1979-1981
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*Perspectives in Disease Prevention and Health Promotion***Fire- and Burn-Associated Deaths — Georgia, 1979-1981**

In 1983, the Georgia Department of Human Resources' Office of Epidemiology reviewed vital statistics data for 1979-1981 to better define the problem of unintentional, burn-associated mortality. Under the International Classification of Diseases, 9th Revision (ICD-9), unintentional thermal and chemical burns as external causes of death are specifically coded to "Accidents caused by fire and flames" (ICD-9 rubrics E890-899) and "Accidents caused by hot substance or object, caustic or corrosive material, and steam" (ICD-9 rubric E924).

During the 3-year study period, 731 deaths with underlying causes attributed to ICD-9 codes E890-899 and E924 occurred, indicating an average annual death rate of 4.46/100,000 residents based on Georgia's 1980 census population. By race, 49% of deaths occurred among whites and 51% among blacks; none occurred among other races. Decedents were male in 66% of all cases; 69% of whites were males, and 62% of blacks were males. The annual death rate was 2.1 times greater for males than for females and 2.8 times greater for blacks than for whites (Figure 1). The increased relative risk for males was characteristic of both racial groups, and the increased risk for blacks was characteristic of both sexes.

FIGURE 1. Average annual death rates for victims of all burns, by race and sex — Georgia, 1978-1981



Fire- and Burn-Associated Deaths — Continued

By type of burning event, more than 80% of deaths were attributed to uncontrolled fires in private residences (Table 1). Males dominated in all five cause categories, accounting for from 57% of victims of clothing fires to 85% of victims of "other conflagrations." Blacks accounted for 26% of the 53 victims of "other and unspecified fires" but from 50% to 58% of victims in the other four categories. Of the 19 deaths from hot or caustic substances, 16 (84%) were specifically coded to hot liquids and vapors, as opposed to other substances or surfaces.

Age data available for 1980-1981 indicated that approximately 22% of the 510 fatal burn victims were less than 20 years of age; 48% were 20-64 years old; and 30% were 65 years of age or older. The distribution of deaths by age varied with the type of causative event. The proportion of victims aged 65 years of age or older, for instance, ranged from about 25% for residential fires to 67% for hot substance and chemical burns. Children under 10 years of age accounted for 22% of deaths from residential fires and for 1% of all other types of burn-associated deaths. Although more burn-associated deaths occurred in the 20- to 64-year age group than in older or younger age groups, age-specific death rates were higher in the under-10 and 65-and-older age groups.

Age-specific rates were similar in pattern for both sexes and both races (Table 2) but were higher among blacks than among whites at both extremes of age and higher among males than among females for adults of both racial groups. All seven victims under 1 year of age were black; six of these were female; and all seven died from residential fires. The pattern of race-, sex-, and age-specific death rates from residential fires was similar to that for all burn-associated deaths, with rates reaching 19.3 for black female infants; 15.5 for black females and 16.1 for black males aged 1-4 years; and 16.4 for black females and 64.9 for black males aged 75 years or older. Rates were 5.5 at ages 1-4 and 8.6 at 75 years or older for white males and 4.4 at ages 1-4 and 5.1 at 75 years or older for white females. Deaths were rare among children in the other categories of burn events, where numbers of deaths generally were small. Among adults, rates generally increased markedly with advanced age among blacks and males, but specific patterns varied between race, sex, and cause groupings.

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Editorial Note: Each year in the United States, unintentional burns account for some 6,000 deaths (1) and 106,000 hospitalizations (2). The crude mortality rate of 4.46/100,000 for Georgia is higher than the national rates of 2.8 for 1978 and 2.4 estimated for 1980, as reported by the National Safety Council (1). This difference is consistent with relatively

TABLE 1. Distribution of burn-associated deaths and death rates, by cause category — Georgia, 1979-1981

ICD* code	ICD cause classification	Number of deaths	Percentage of deaths	Death rate†
E-890	Conflagration in private dwelling	604	82.6	3.69
E 891-2	Other conflagration	20	2.7	0.12
E 893	Accident caused by ignition of clothing	35	4.8	0.21
E 894-9	Other and unspecified fire	53	7.3	0.32
E 924	Accident caused by hot substance or object, caustic or corrosive material, and steam	19	2.6	0.12
All above causes		731	100.0	4.46

*International Classification of Diseases, 9th Revision.

†Numbe. deaths/100,000 population/year.

Fire- and Burn-Associated Deaths — Continued

higher burn-associated death rates for southern areas of the United States, as noted a decade ago (3), and may reflect regional population differences in age, race, economic, and residential characteristics—factors shown to influence burn-associated mortality rates (3,4). Mortality data reflect only a small portion of the total burn problem, since incidence rates reported for nonfatal, burn-associated injuries have ranged from 27 (4) to 150 (3) per 100,000 per year, based on hospital admissions and health survey data, respectively.

The distributions of persons and risks by age, sex, and race, along with the dominance of house fires as a causative event, are consistent with burn-associated mortality patterns reported earlier in national and New York State studies (3,4). Greater severity of injuries associated with house fires than with other burn causes, as well as relatively increased dependency and frailty among persons at the extremes of age, may explain the age patterns. A relatively higher degree of risk-taking behavior in males than in females, including such fire-causing activities as smoking (4,5) and careless handling of flammable materials (3,4), may account for the differences. Occupational hazards may also contribute to increased risks for adult males. The higher relative risks for blacks are likely to reflect socioeconomic differences. Although a threefold excess morbidity risk was found for blacks in the New York study, differences in income and education levels significantly contributed to county-specific differences in morbidity rates, while other variables did not (4). House-fire deaths in Baltimore showed a strong correlation with economic status for both whites and blacks (5).

Further studies are needed to determine which of the observed burn-associated deaths might be preventable through greater use of currently available environmental or technologic measures, such as residential smoke and fire alarms (4,5), flame-retardant materials for building construction and furniture upholstery (4), self-extinguishing matches and cigarettes (4-6), and lower temperature settings on water heater thermostats (6,7); through increased occupational safety measures; or through educational or other behavioral change activities. Since over 80% of Georgia's burn deaths occurred in home fires, significant decreases in annual mortality might be achieved through programs designed to direct specific preventive measures toward families at high risk.

All the potential intervention measures suggested above are appropriate for reducing mortality. Those based on environmental changes rather than changes in personal behavior are more direct, however, and are considered more likely to succeed (6). Such measures, which include installing residential smoke detectors and reducing temperature settings of water heaters are appropriate for immediate state and local intervention efforts and have been recommended as part of community injury-prevention programs (8).

TABLE 2. Average annual death rates for burn victims, by age, sex, and race — Georgia, 1980-1981

Age (Years)	Deaths/100,000 population			
	White		Black	
	M	F	M	F
< 1	0.0	0.0	3.2	19.3
1-4	5.5	4.4	16.1	16.4
5-9	1.6	0.7	6.8	7.7
10-19	1.2	0.9	1.3	1.3
20-29	4.0	0.7	4.5	1.3
30-44	2.4	1.2	10.9	3.3
45-64	7.2	2.5	22.0	7.7
65-74	11.9	3.1	47.5	19.4
≥ 75	16.2	8.2	82.9	29.1

*Fire- and Burn-Associated Deaths — Continued**References*

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TABLE I. Summary—cases specified notifiable diseases, United States

Disease	48th Week Ending			Cumulative, 48th Week Ending		
	December 3, 1983	December 4, 1982	Median 1978-1982	December 3, 1983	December 4, 1982	Median 1978-1982
Aseptic meningitis	220	230	137	11,138	8,954	7,858
Encephalitis: Primary (arthropod-borne & unsp.)	38	37	20	1,615	1,476	1,122
Post-infectious	1	2	2	68	74	202
Gonorrhea: Civilian	14,537	17,442	17,956	826,175	882,338	924,109
Military	225	309	437	22,085	24,044	24,753
Hepatitis: Type A	382	476	538	20,119	21,145	26,096
Type B	409	486	353	21,054	20,172	16,785
Non A, Non B	65	56	N	3,099	2,263	N
Unspecified	131	168	222	7,187	7,986	9,613
Legionellosis	16	14	N	662	571	N
Leprosy	4	3	7	219	190	190
Malaria	13	24	24	730	985	985
Measles: Total*	7	N	N	1,417	1,576	13,001
Indigenous	1	N	N	1,120	N	N
Imported	6	N	N	297	N	N
Meningococcal infections: Total	47	46	49	2,544	2,791	2,485
Civilian	47	46	49	2,529	2,777	2,467
Military	-	-	-	15	14	18
Mumps	48	112	183	3,038	4,944	7,984
Pertussis	35	56	34	2,090	1,625	1,568
Rubella (German measles)	8	21	33	924	2,198	3,581
Syphilis (Primary & Secondary): Civilian	512	583	573	29,690	30,377	25,166
Military	6	2	5	359	402	292
Toxic-shock syndrome	12	N	N	363	N	N
Tuberculosis	512	574	574	21,565	23,485	25,101
Tularemia	4	3	4	290	239	209
Typhoid fever	13	4	10	419	366	488
Typhus fever, tick-borne (RMSF)	9	3	5	1,145	947	1,029
Rabies, animal	84	122	89	5,497	5,831	5,831

TABLE II. Notifiable diseases of low frequency, United States

	Cum. 1983		Cum. 1983
Anthrax	18	Plague	36
Botulism: Foodborne	59	Poliomyelitis: Total	6
Infant (Calif. 1)	3	Paralytic	6
Other	171	Psittacosis (Upstate N.Y. 1, Calif. 2)	114
Brucellosis (Nebr. 1, Miss. 1, Tex. 4, Calif. 1)	1	Rabies, human	2
Cholera	21	Tetanus (Iowa 1, Calif. 2)	70
Congenital rubella syndrome (Fla. 1)	4	Trichinosis	31
Diphtheria	43	Typhus fever, flea-borne (endemic, murine) (Tex. 1)	44
Leptospirosis (Fla. 1)			

*One of the 7 reported cases for this week was imported from a foreign country or can be directly traceable to a known internationally imported case within two generations.

TABLE III. Cases of specified notifiable diseases, United States, weeks ending
December 3, 1983 and December 4, 1982 (48th week)

Reporting Area	Aseptic Mening- itis	Encephalitis		Gonorrhea (Civilian)		Hepatitis (Viral), by type				Legionel- losis	Leprosy	Malaria
		Primary	Post-in- fectious			A	B	NA,NB	Unspeci- fied			
		1983	Cum 1983	Cum. 1983	Cum. 1983	Cum. 1982	1983	1983	1983	1983	Cum 1983	Cum. 1983
UNITED STATES	220	1,615	68	826,175	882,338	382	409	65	131	16	219	730
NEW ENGLAND	7	61	-	21,911	21,431	8	17	4	12	1	3	37
Maine	-	-	-	1,042	1,119	1	-	2	-	-	-	1
N H	-	5	-	668	715	-	1	1	-	-	2	2
Vt	-	1	-	409	394	-	1	1	-	-	-	1
Mass	-	30	-	9,371	9,530	5	6	-	11	-	-	17
R I	-	1	-	1,195	1,422	-	-	-	-	1	-	4
Conn	7	24	-	9,226	8,251	2	9	-	1	-	1	12
MID ATLANTIC	46	127	7	106,760	111,738	33	58	2	11	-	26	101
Upstate N Y	10	32	-	17,242	18,563	3	8	1	-	-	-	29
N Y City	5	12	-	42,788	46,115	18	12	-	2	-	25	27
N J	-	17	1	19,916	20,085	8	23	1	6	-	-	25
Pa	31	66	6	26,814	26,975	4	15	-	3	-	1	20
E N CENTRAL	33	569	20	116,802	126,836	52	42	8	9	12	6	53
Ohio	7	189	9	31,278	33,239	21	11	4	1	6	1	9
Ind	5	185	1	11,659	15,369	12	7	-	3	6	-	7
Ill	-	17	7	31,133	36,588	6	2	1	-	-	2	17
Mich	21	121	-	31,989	30,426	13	22	3	5	-	3	15
Wis	-	57	3	10,743	11,214	-	-	-	-	-	-	5
W N CENTRAL	9	161	10	38,271	41,601	14	27	2	-	2	6	29
Minn	2	62	1	5,489	6,008	3	3	1	-	-	4	8
Iowa	2	58	-	4,278	4,440	1	4	1	-	1	-	4
Mo	2	30	-	18,292	19,746	1	14	-	-	-	1	5
N Dak	-	4	-	412	540	-	-	-	-	-	-	2
S Dak	1	1	2	967	1,067	8	-	-	-	-	-	1
Nebr	1	4	-	2,556	2,451	-	2	-	-	-	-	3
Kans	1	2	7	6,277	7,349	1	4	-	-	-	1	6
S ATLANTIC	37	222	15	214,868	231,065	25	98	17	13	-	13	122
Del	-	1	-	3,974	3,825	-	-	-	-	-	-	1
Md	1	23	-	27,761	28,793	-	9	4	1	-	1	23
D C	3	-	-	14,671	14,038	-	6	-	2	-	-	16
Va	9	55	2	19,625	18,668	-	3	3	1	-	1	29
W Va	-	45	-	2,388	2,587	3	5	-	-	-	-	3
N C	4	46	-	33,112	36,492	-	11	-	4	-	2	4
S C	1	5	-	19,780	22,432	6	10	-	-	-	-	6
Ga	-	9	1	45,175	45,487	5	25	1	-	-	1	10
Fla	19	38	12	48,382	58,743	11	29	9	5	-	8	30
E S CENTRAL	18	66	2	69,426	76,267	24	26	1	4	-	-	14
Ky	-	16	-	8,264	10,263	18	2	-	1	-	-	2
Tenn	2	18	-	28,365	30,000	3	9	1	3	-	-	7
Ala	16	24	-	21,307	22,433	1	11	-	-	-	-	5
Miss	-	8	2	11,490	13,571	2	4	-	-	-	-	5
W S CENTRAL	38	159	2	115,680	120,877	93	37	3	58	-	34	62
Ark	1	11	-	9,247	9,923	3	2	2	2	-	-	1
La	16	20	-	22,463	21,728	13	6	1	4	-	1	8
Okla	2	30	1	13,210	13,363	19	3	-	5	-	-	10
Tex	19	98	1	70,760	75,863	58	26	-	47	-	33	43
MOUNTAIN	5	75	4	26,572	29,693	30	10	1	4	-	13	26
Mont	-	2	-	1,129	1,251	-	-	-	-	-	-	-
Idaho	-	1	-	1,192	1,413	1	-	-	-	-	-	2
Wyo	-	2	-	699	883	2	-	-	-	-	-	1
Colo	3	45	-	7,415	7,960	3	-	-	1	-	2	10
N Mex	-	2	-	3,285	4,077	8	1	-	-	-	-	5
Ariz	1	11	4	7,567	7,731	12	3	1	3	-	9	5
Utah	1	12	-	1,271	1,459	1	3	-	-	-	2	3
Nev	-	-	-	4,014	4,919	3	3	-	-	-	-	-
PACIFIC	27	175	8	115,885	122,830	103	94	27	20	1	118	286
Wash	2	13	1	8,971	10,587	12	8	1	1	-	16	15
Oreg	-	-	4	6,217	7,350	7	1	-	-	-	1	11
Calif	22	153	3	95,526	99,320	83	85	26	19	1	67	258
Alaska	1	-	-	3,010	3,184	1	-	-	-	-	-	-
Hawai	2	9	-	2,161	2,389	-	-	-	-	-	-	-
Guam	U	-	-	103	130	U	U	U	U	U	-	2
P R	-	1	1	2,365	2,419	5	11	-	11	-	-	3
V I	-	-	-	267	260	-	-	-	-	-	-	-
Pac Trust Terr	U	-	-	-	388	U	U	U	U	U	-	-

U Unavailable

TABLE III. (Cont'd). Cases of specified notifiable diseases, United States, weeks ending
December 3, 1983 and December 4, 1982 (48th week)

Reporting Area	Measles (Rubeola)					Men- gococcal Infections	Mumps			Pertussis			Rubella		
	Indigenous		Imported*		Total										
	1983	Cum. 1983	1983	Cum. 1983	Cum. 1982		1983	Cum. 1983	Cum. 1982	1983	Cum. 1983	Cum. 1982	1983	Cum. 1983	Cum. 1982
UNITED STATES	1	1,120	6	297	1,576	2,544	48	3,038	4,944	35	2,090	1,625	8	924	2,198
NEW ENGLAND	-	5	1	16	14	135	-	124	183	-	70	52	1	18	20
Maine	-	-	-	-	-	10	-	22	43	-	5	4	-	-	-
N.H.	-	-	-	3	3	6	-	26	18	-	10	4	1	5	11
Vt.	-	-	-	-	2	10	-	15	7	-	8	2	-	5	-
Mass.	-	4	1†	5	3	44	-	27	74	-	35	26	-	6	2
R.I.	-	-	-	-	-	9	-	16	17	-	5	11	-	-	1
Conn.	-	1	-	8	6	56	-	18	24	-	7	5	-	2	6
MID ATLANTIC	-	75	-	44	166	426	10	272	326	19	371	467	-	146	107
Upstate N.Y.	-	5	-	13	112	134	1	101	90	1	118	265	-	31	52
N.Y. City	-	44	-	27	43	74	-	39	47	-	53	39	-	86	35
N.J.	-	26	-	1	6	73	4	53	52	-	19	23	-	3	18
Pa.	-	-	-	3	5	145	5	79	137	18	181	140	-	26	2
E.N. CENTRAL	-	649	-	58	77	463	27	1,354	2,536	8	435	336	2	126	203
Ohio	-	72	-	15	1	137	8	570	1,698	2	149	91	-	2	4
Ind.	-	402	-	4	2	53	4	50	44	3	58	22	1	26	29
Ill.	-	173	-	33	24	135	1	153	295	1	121	157	1	55	76
Mich.	-	2	-	5	50	82	12	496	376	2	42	28	-	17	49
Wis.	-	-	-	1	-	56	2	85	123	-	65	38	-	26	45
W.N. CENTRAL	-	1	-	7	49	151	1	161	623	1	123	82	-	42	62
Minn.	-	1	-	-	-	28	-	28	455	-	47	34	-	9	7
Iowa	-	-	-	-	-	17	-	41	53	1	7	9	-	-	-
Mo.	-	-	-	1	2	70	-	21	13	-	15	17	-	-	38
N. Dak.	-	-	-	-	-	4	-	1	-	-	2	-	-	-	-
S. Dak.	-	-	-	-	-	4	-	-	1	-	8	6	-	-	1
Nebr.	-	-	-	-	3	5	-	4	1	-	2	1	-	-	-
Kans.	-	-	-	6	44	23	1	66	100	-	42	15	-	33	16
S. ATLANTIC	-	173	-	31	174	523	1	220	296	1	237	266	-	97	95
Del.	-	-	-	-	-	11	-	8	13	-	5	8	-	-	1
Md.	-	6	-	4	4	54	-	44	32	-	19	72	-	3	34
D.C.	-	-	-	-	-	7	-	-	-	-	-	1	-	-	-
Va.	-	10	-	13	14	76	-	35	39	-	50	28	-	2	12
W. Va.	-	-	-	-	3	3	1	55	103	-	9	11	-	-	3
N.C.	-	-	-	1	1	101	-	13	20	-	28	45	-	10	2
S.C.	-	-	-	4	-	50	-	14	17	-	14	16	-	1	1
Ga.	-	8	-	-	-	87	-	51	26	-	65	40	-	13	17
Fla.	-	149	-	9	151	134	N	-	46	1	47	45	-	68	25
E.S. CENTRAL	-	1	-	24	9	153	-	58	64	-	34	50	-	19	47
Ky.	-	-	-	1	1	30	-	21	20	-	14	6	-	18	29
Tenn.	-	-	-	-	6	52	-	31	25	-	9	26	-	-	2
Ala.	-	1	-	4	2	49	-	2	10	-	5	5	-	1	-
Miss.	-	-	-	19	-	22	-	4	9	-	6	13	-	-	16
W.S. CENTRAL	1	41	-	35	169	260	1	255	229	3	456	102	1	129	121
Ark.	-	5	-	8	-	22	-	3	7	-	25	6	-	-	2
La.	-	1	-	25	13	49	-	46	6	-	12	21	-	13	1
Okl.	-	1	-	-	30	33	N	-	-	3	328	6	-	-	3
Tex.	1	34	-	2	126	156	1	206	216	-	91	69	1	116	115
MOUNTAIN	-	12	-	18	29	113	2	174	114	-	221	70	-	39	86
Mont.	-	-	-	4	-	26	-	7	7	-	2	1	-	6	6
Idaho	-	-	-	10	-	8	-	8	4	-	15	12	-	8	7
Wyo.	-	-	-	-	1	2	1	4	2	-	6	4	-	8	7
Colo.	-	-	-	3	8	36	-	51	19	-	133	20	-	1	6
N. Mex.	-	-	-	-	-	7	N	-	-	-	14	8	-	-	6
Ariz.	-	-	-	1	17	21	1	91	54	-	29	21	-	8	16
Utah	-	12	-	-	3	12	-	8	20	-	22	4	-	7	26
Nev.	-	-	-	-	-	1	-	5	8	-	-	-	-	1	12
PACIFIC	-	163	5	64	889	320	6	420	573	3	143	200	4	308	1,457
Wash.	-	1	5§	32	42	46	1	50	79	-	19	33	-	12	41
Oreg.	-	8	-	2	17	55	N	-	-	-	9	27	-	14	6
Calif.	-	153	-	28	824	209	5	334	461	3	108	112	4	280	1,397
Alaska	-	-	-	2	1	3	-	16	12	-	4	-	-	1	5
Hawaii	-	1	-	-	5	7	-	20	21	-	3	28	-	1	8
Guam	U	1	U	1	7	1	U	1	5	U	-	-	U	-	2
P.R.	-	94	-	-	180	11	2	135	102	1	14	22	-	7	12
V.I.	-	-	-	5	-	-	-	-	4	-	-	-	-	2	2
Pac. Trust Terr.	U	-	U	-	1	-	U	-	6	U	-	-	U	-	-

*For measles only, imported cases includes both out-of-state and international importations.

N: Not notifiable U: Unavailable † International § Out-of-state

TABLE III. (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending
December 3, 1983 and December 4, 1982 (48th week)

Reporting Area	Syphilis (Civilian) (Primary & Secondary)		Toxic- shock Syndrome	Tuberculosis		Tula- remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1983	Cum. 1982	1983	1983	Cum. 1983	Cum. 1983	Cum. 1983	Cum. 1983	Cum. 1983
UNITED STATES	29,690	30,377	12	512	21,565	290	419	1,145	5,497
NEW ENGLAND	637	557	1	7	652	4	17	6	37
Maine	19	7	-	-	33	-	-	-	9
N.H.	22	5	1	-	34	-	-	1	5
Vt	3	4	-	-	12	-	-	-	2
Mass.	408	375	-	4	346	3	13	2	14
R.I.	23	24	-	3	56	1	1	-	1
Conn.	162	142	-	-	171	-	3	3	6
MID ATLANTIC	3,859	4,074	3	124	3,907	1	73	27	247
Upstate N.Y.	290	429	-	15	653	1	11	7	74
N.Y. City	2,265	2,411	-	39	1,547	-	26	2	-
N.J.	770	589	-	19	804	-	30	8	24
Pa.	534	645	3	51	903	-	6	10	149
E.N. CENTRAL	1,534	1,797	1	81	2,915	4	62	79	458
Ohio	419	291	1	15	465	-	19	37	60
Ind.	136	192	-	5	329	-	4	16	30
Ill.	669	947	-	30	1,245	1	28	17	236
Mich.	222	274	-	28	726	1	10	7	20
Wis.	88	93	-	3	150	2	1	2	112
W.N. CENTRAL	356	519	1	21	648	86	12	61	768
Minn.	134	132	-	4	142	-	2	-	134
Iowa	22	32	1	6	59	-	-	-	187
Mo.	133	281	-	8	315	57	8	32	95
N. Dak.	2	7	-	-	6	-	-	1	85
S. Dak.	11	2	-	-	36	10	-	5	126
Nebr.	15	14	-	2	23	8	-	3	63
Kans.	39	51	-	1	67	11	2	20	78
S. ATLANTIC	8,143	8,315	3	83	4,349	14	57	474	2,001
Del.	35	24	-	3	61	-	-	4	5
Md.	542	455	-	7	348	5	8	40	753
D.C.	355	459	1	5	176	-	3	-	140
Va.	531	567	1	21	475	1	17	61	603
W. Va.	24	30	-	1	126	-	2	12	114
N.C.	809	676	-	11	695	7	4	205	26
S.C.	524	527	-	11	402	-	2	80	36
Ga.	1,446	1,730	-	-	742	1	2	66	201
Fla.	3,877	3,847	1	24	1,324	-	19	6	123
E.S. CENTRAL	1,980	2,089	1	42	1,924	19	10	106	351
Ky.	163	126	1	12	494	1	3	22	82
Tenn.	530	595	-	12	584	13	2	49	186
Ala.	776	778	-	8	483	-	2	24	83
Miss.	511	590	-	10	363	5	3	11	-
W.S. CENTRAL	7,616	7,986	-	70	2,621	116	58	377	975
Ark.	176	210	-	10	323	69	4	45	156
La.	1,568	1,718	-	-	361	7	4	1	34
Okl.	188	177	-	23	249	31	2	231	100
Tex.	5,684	5,881	-	37	1,688	9	48	100	685
MOUNTAIN	616	771	-	12	578	38	20	13	229
Mont.	7	5	-	-	42	5	1	6	66
Idaho	7	25	-	-	27	2	-	2	16
Wyo.	12	16	-	-	11	6	-	2	11
Colo.	148	215	-	1	84	14	1	-	32
N. Mex.	165	180	-	4	108	3	2	-	14
Ariz.	160	207	-	-	235	1	14	1	36
Utah	22	21	-	3	36	6	1	1	11
Nev.	95	102	-	4	35	1	1	1	43
PACIFIC	4,949	4,269	2	72	3,971	8	110	2	431
Wash.	163	160	-	1	220	2	5	-	2
Oreg.	139	106	-	2	167	3	3	-	1
Calif.	4,562	3,883	-	63	3,290	2	99	2	413
Alaska	12	15	-	-	73	1	-	-	15
Hawaii	73	105	-	6	221	-	3	-	-
Guam	-	1	U	U	5	-	-	-	-
P.R.	820	762	-	-	433	-	-	-	47
V.I.	19	28	-	-	2	-	1	-	-
Pac. Trust Terr.	-	-	U	U	-	-	-	-	-

U: Unavailable

TABLE IV. Deaths in 121 U.S. cities,* week ending
December 3, 1983 (48th week)

Reporting Area	All Causes, By Age (Years)						P&I** Total	Reporting Area	All Causes, By Age (Years)						P&I** Total
	All Ages	≥65	45-64	25-44	1-24	<1			All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	806	562	170	35	18	21	74	S. ATLANTIC	1,397	869	335	104	37	52	43
Boston, Mass.	210	134	54	6	7	9	27	Atlanta, Ga.	151	86	40	12	7	6	1
Bridgeport, Conn.	48	30	11	2	1	4	5	Baltimore, Md.	279	168	71	24	10	6	4
Cambridge, Mass.	32	26	5	1	-	-	2	Charlotte, N.C.	89	55	26	6	-	2	2
Fall River, Mass.	26	23	3	-	-	-	-	Jacksonville, Fla.	101	66	26	6	2	1	6
Hartford, Conn.	79	54	18	5	1	1	4	Miami, Fla.	120	68	32	12	3	5	-
Lowell, Mass.	45	31	10	3	-	1	3	Norfolk, Va.	73	49	16	4	-	4	4
Lynn, Mass.	16	13	2	1	-	-	-	Richmond, Va.	95	61	22	5	2	5	5
New Bedford, Mass.	22	16	5	1	-	-	2	Savannah, Ga.	38	24	6	3	4	1	10
New Haven, Conn.	70	46	15	3	4	2	4	St. Petersburg, Fla.	148	119	17	4	2	6	6
Providence, R.I.	85	66	13	4	1	1	7	Tampa, Fla.	82	52	16	5	3	6	2
Somerville, Mass.	7	4	2	1	-	-	1	Washington, D.C.	172	96	52	19	3	2	2
Springfield, Mass.	54	42	9	1	1	1	7	Wilmington, Del.	49	25	11	4	1	8	-
Watbury, Conn.	41	28	7	5	1	-	2								
Worcester, Mass.	71	49	16	2	2	2	10								
								E.S. CENTRAL	801	502	199	51	25	24	45
MID. ATLANTIC	2,737	1,822	608	202	51	54	103	Birmingham, Ala.	98	60	22	9	4	3	-
Albany, N.Y.	59	36	14	4	2	3	-	Chattanooga, Tenn.	77	54	15	4	3	1	2
Allentown, Pa.	19	14	4	1	-	-	-	Knoxville, Tenn.	94	63	23	4	2	2	4
Buffalo, N.Y.	141	99	26	9	1	6	20	Louisville, Ky.	126	75	37	6	4	4	11
Camden, N.J.	47	29	16	1	1	-	-	Memphis, Tenn.	177	104	48	11	6	8	13
Elizabeth, N.J.	30	22	5	1	-	-	2	Mobile, Ala.	41	29	9	2	-	1	4
Erie, Pa.†	49	38	10	1	-	-	4	Montgomery, Ala.	50	31	14	4	-	1	4
Jersey City, N.J.	57	37	13	4	1	2	-	Nashville, Tenn.	138	86	31	11	6	4	7
N.Y. City, N.Y.	1,530	1,007	329	137	31	26	42								
Newark, N.J.	95	45	34	11	2	3	8	W.S. CENTRAL	1,378	822	332	113	57	54	47
Paterson, N.J.	39	25	8	4	-	2	3	Austin, Tex.	42	27	8	4	1	2	-
Philadelphia, Pa.†	149	91	38	8	4	4	4	Baton Rouge, La.	56	31	18	4	2	1	5
Pittsburgh, Pa.†	101	68	28	2	-	3	3	Corpus Christi, Tex.	27	16	5	1	2	3	-
Reading, Pa.	29	24	1	4	-	-	2	Dallas, Tex.	197	111	49	22	9	6	2
Rochester, N.Y.	112	76	27	6	2	1	8	El Paso, Tex.	72	41	21	3	3	4	3
Schenectady, N.Y.	30	23	6	2	1	-	-	Fort Worth, Tex.	97	61	25	5	3	3	7
Scranton, Pa.†	41	31	8	2	-	-	2	Houston, Tex.	264	125	71	33	21	14	4
Syracuse, N.Y.	119	84	28	4	1	2	2	Little Rock, Ark.	100	64	23	7	3	3	11
Trenton, N.J.	35	31	2	2	-	-	-	New Orleans, La.	147	95	31	12	6	3	-
Utica, N.Y.	32	23	9	-	-	-	3	San Antonio, Tex.	207	130	46	15	7	9	9
Yonkers, N.Y.	23	19	2	1	1	-	2	Shreveport, La.	50	36	9	1	-	4	-
								Tulsa, Okla.	119	85	26	6	-	2	6
E.N. CENTRAL	2,587	1,696	581	160	67	83	102	MOUNTAIN	727	472	143	52	26	34	48
Akron, Ohio	99	71	23	1	1	3	-	Albuquerque, N.Mex.	96	55	21	11	4	5	3
Canton, Ohio	42	25	12	3	1	1	5	Colorado Springs, Colo.	46	32	5	5	1	3	7
Chicago, Ill.	506	324	115	47	14	6	13	Denver, Colo.	135	83	30	9	3	10	7
Cincinnati, Ohio	172	120	28	6	3	15	19	Las Vegas, Nev.	87	49	30	4	2	2	5
Cleveland, Ohio	215	134	54	14	9	4	4	Ogden, Utah	30	22	5	2	1	-	5
Columbus, Ohio	133	79	39	7	2	6	1	Phoenix, Ariz.	157	102	30	10	7	8	7
Dayton, Ohio	152	101	35	8	4	4	3	Pueblo, Colo.	31	22	7	-	2	-	4
Detroit, Mich.	287	174	65	31	10	7	5	Salt Lake City, Utah	51	30	5	6	4	6	2
Evansville, Ind.	62	44	13	2	1	2	3	Tucson, Ariz.	94	77	10	5	2	-	8
Fort Wayne, Ind.	85	65	14	2	1	3	6								
Gary, Ind.	24	8	6	6	2	2	-	PACIFIC	1,880	1,252	399	127	52	50	111
Grand Rapids, Mich.	81	51	19	7	3	1	5	Berkeley, Calif.	22	15	4	3	-	-	-
Indianapolis, Ind.	161	107	35	5	5	9	7	Fresno, Calif.	92	66	21	3	1	1	8
Madison, Wis.	60	38	12	2	4	4	7	Glendale, Calif.	25	20	4	1	-	-	-
Milwaukee, Wis.	175	123	39	5	1	7	5	Honolulu, Hawaii	96	53	27	11	3	2	2
Peoria, Ill.	43	29	10	1	1	2	5	Long Beach, Calif.	70	45	15	6	2	2	2
Rockford, Ill.	53	37	7	4	1	4	1	Los Angeles, Calif.	332	227	63	26	8	8	15
South Bend, Ind.	57	37	17	1	1	1	5	Oakland, Calif.	77	46	16	8	1	6	3
Toledo, Ohio	112	84	19	5	3	1	7	Pasadena, Calif.	52	41	7	1	1	2	4
Youngstown, Ohio	68	45	19	3	-	1	1	Portland, Ore.	110	77	14	7	8	4	6
								Sacramento, Calif.	80	54	17	5	4	-	8
W.N. CENTRAL	781	522	172	47	15	22	23	San Diego, Calif.	182	126	44	9	1	2	11
Des Moines, Iowa	86	62	21	2	-	1	8	San Francisco, Calif.	163	98	45	12	3	5	2
Duluth, Minn.	18	11	4	1	2	-	-	San Jose, Calif.	210	140	43	11	9	7	24
Kansas City, Kans.	28	20	3	3	1	1	2	Seattle, Wash.	144	94	24	16	5	5	5
Kansas City, Mo.	112	69	26	7	1	6	1	Spokane, Wash.	131	88	33	3	3	4	13
Lincoln, Nebr.	35	25	7	3	-	-	1	Tacoma, Wash.	94	62	22	5	3	2	8
Minneapolis, Minn.	98	60	25	7	3	3	-								
Omaha, Nebr.	83	58	20	3	1	1	1								
St. Louis, Mo.	168	110	38	10	3	7	3	TOTAL	13,094	8,519	2,939	891	348	394	596
St. Paul, Minn.	72	57	13	1	1	-	-								
Wichita, Kans.	81	50	15	10	3	3	7								

* Mortality data in this table are voluntarily reported from 121 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

** Pneumonia and influenza

† Because of changes in reporting methods in these 4 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

†† Total includes unknown ages

TABLE V. Years of potential life lost, deaths, and death rates, by cause of death, and estimated number of physician contacts, by principal diagnosis, United States

Cause of morbidity or mortality (Ninth Revision ICD, 1975)	Years of potential life lost before age 65 by persons dying in 1981*	Estimated mortality July 1983		Estimated number of physician contacts July 1983 ^{††}
		Number [†]	Rate/100,000 [§]	
ALL CAUSES (TOTAL)	9,879,590	168,850	850.7	99,400,000
Accidents and adverse effects (E800-E949)	2,587,140	8,890	44.8	5,700,000
Malignant neoplasms (140-208)	1,821,900	37,790	190.4	1,900,000
Diseases of heart (390-398, 402, 404-429)	1,621,290	63,260	318.7	5,600,000
Suicides, homicides (E950-E978)	1,403,560	4,250	21.4	—
Cerebrovascular diseases (430-438)	275,000	12,780	64.4	700,000
Chronic liver disease and cirrhosis (571)	267,350	2,600	13.1	100,000
Pneumonia and influenza** (480-487)	123,420	3,810	19.2	600,000
Chronic obstructive pulmonary diseases and allied conditions (490-496)	116,280	5,200	26.2	800,000
Diabetes mellitus (250)	105,960	2,920	14.7	3,400,000
Prenatal care ^{††}				2,300,000
Infant mortality ^{††}		3,300	10.0 / 1,000 live births	

*Years of potential life lost for persons between 1 year and 65 years old at the time of death are derived from the number of deaths in each age category as reported by the National Center for Health Statistics, *Monthly Vital Statistics Report* (MVS), Vol. 30, No. 13, December 20, 1982, multiplied by the difference between 65 years and the age at the midpoint of each category. As a measure of mortality, "Years of potential life lost" underestimates the importance of diseases that contribute to death without being the underlying cause of death.

[†]The number of deaths is estimated by CDC by multiplying the estimated annual mortality rates (MVS Vol. 32, No. 8, November 21, 1983, pp. 8-9) and the provisional U.S. population in that month (MVS Vol. 32, No. 7, October 18, 1983, p. 1) and dividing by the days in the month as a proportion of the days in the year.

[§]Annual mortality rates are estimated by NCHS (MVS Vol. 32, No. 8, November 21, 1983, pp. 8-9), using the underlying cause of death from a 10% systematic sample of death certificates received in state vital statistics offices during the month and population estimates from the Bureau of the Census.

^{††}IMS America *National Disease and Therapeutic Index* (NDTI), Monthly Report, July 1983, Section III. This estimate comprises the number of office, hospital, and nursing home visits and telephone calls prompted by each medical condition based on a stratified random sample of office-based physicians (2,100) who record all private patient contacts for 2 consecutive days each quarter. The accuracy of the estimates is unknown, and the number provided should be used only as a gross indicator of morbidity.

**Data for "infectious diseases and their sequelae" as a cause of death and physician visits comparable to other multiple-code categories (e.g., "malignant neoplasms") are not presently available.

^{††}"Prenatal care" (NDTI) and "Infant mortality" (MVS Vol. 32, No. 7, October 18, 1983, p. 1) are included in the table because "Years of potential life lost" does not reflect deaths of children < 1 year.

Current Trends

Influenza — United States, August–November 1983

In November 1983, a community outbreak of influenza type A(H3N2) began in Fairbanks, Alaska. A single type A(H1N1) influenza isolate has been reported from Alabama, and sporadic influenza B isolates have been reported among young children in Texas and West Virginia. Details of laboratory-diagnosed influenza infections in the United States since August follow:

Influenza type A(H3N2): An outbreak of influenza was reported in Fairbanks, Alaska, beginning in early November. Type A(H3N2) influenza virus was isolated from a 28-year-old female resident of Fairbanks on November 7, and subsequently, from three other adults in Fairbanks. According to reports from physicians and clinics in Fairbanks, most of the influenza-like illness has been seen among adults of working age. Relatively little activity has been noted among children, and school absentee rates have not increased. In early December, increased influenza-like illness was reported from Anchorage and Bethel.

Serologic evidence of A(H3N2) virus infection has been detected in a 20-year-old woman with pneumonia, originally admitted to a North Carolina hospital on October 6. The woman delivered a healthy but premature child by Cesarean section during the course of her respiratory illness; she subsequently died, and a post mortem showed evidence of extensive interstitial pneumonia. All cultures for fungi, bacteria, and viruses during her hospitalization were negative. The patient's husband, who had symptoms similar to the woman's prehospitalization symptoms, recovered without complications. No evidence of increased respiratory illness had been noted in the community.

In Nashville, Tennessee, an isolate of influenza A(H3N2) and evidence of concurrent rotavirus infection were obtained on August 19 from a 1-year-old child with croup. There was no evidence of increased influenza-like illness in Nashville.

Influenza type A(H1N1): Influenza type A(H1N1) virus was isolated from specimens collected on October 18 from a 15-year-old male in Mobile, Alabama. No increase in influenza-like illness was noted in Mobile.

Influenza type B: In Nashville, Tennessee, isolates of influenza type B virus were obtained on September 22 from a 9-month-old child and a 6-month-old child with influenza-like illnesses.

In Houston, Texas, isolates of influenza type B have been obtained during November from three children, all younger than 1 year old.

In Huntington, West Virginia, an isolate of influenza type B was obtained from a 5-year-old female who had onset of illness on November 14. After remaining febrile for a week, she was hospitalized, and the cause of illness was investigated. No evidence of bacterial infection was found, and she recovered uneventfully. There has been increased respiratory illness in the Huntington area during November.

All the above influenza B virus isolates appear to be from sporadic cases, although laboratory evidence of more widespread respiratory illness associated with other viral agents has been obtained in Huntington, West Virginia, and Houston, Texas, recently.

Reported by D Thieman, MD, R Howard, Tanana Valley Clinic, Fairbanks, D Ritter, J Middaugh, MD, State Epidemiologist, Alaska State Dept of Health and Social Svcs; C Van den Horst, MD, D Achterlik, MD, M Cohen, MD, J Bowdre, PhD, School of Medicine, University of North Carolina—Chapel Hill, F Croud, PhD, N McCormack, MD, MP Hines, DVM, State Epidemiologist, North Carolina State Dept of Human Resources; M Kervina, P Wright, MD, Vanderbilt Medical School, Nashville, S Fricker, R Hutcheson, Jr, MD, State Epidemiologist, Tennessee State Dept of Public Health; W Birch, DVM, State Epidemiologist, Alabama State Dept of Public Health; P Glezen, MD, Baylor School of Medicine, Houston, CE Alexander, MD, Acting State Epidemiologist, Texas State Dept of Health; R Belshe, MD, Marshall University,

Influenza — Continued

Huntington, L Haddy, MS, State Epidemiologist, West Virginia State Dept of Health; Div of Field Svcs, Epidemiology Program Office, WHO Collaborating Center for Influenza, Influenza Br, Div of Viral Diseases, Center for Infectious Diseases, CDC.

Editorial Note: It is not possible with available information to determine whether influenza activity during the 1983-1984 season will be dominated by one virus subtype, as frequently occurs, or whether each of the recently active subtypes will play a substantial role as they did last season. Physicians should keep in mind that the drug, amantadine, which is a supplemental measure for preventing influenza A infection, is ineffective in preventing or treating type B infections. Administration of vaccine to persons at high risk (1) should continue to be promoted. A limited supply of a new brochure, "What You Should Know About Influenza and Flu Shots" is available to persons concerned with educating the public about control and treatment of influenza. Requests for single copies should be sent to the Influenza Branch, CDC.

Reference

1. ACIP. Influenza vaccines, 1983-1984. MMWR 1983;32:333-7.

International Notes

Acquired Immunodeficiency Syndrome (AIDS) — Canada

As of November 25, 1983, Canada's Laboratory Centre for Disease Control (LCDC) has received reports of 51 cases of AIDS. Patients have ranged in age from 20 to 53 years, with 80% occurring in the 20- to 39-year age group. Forty-four (86%) were males. Forty-nine percent of all patients were homosexuals; however, the number of heterosexual patients (43%) is increasing; most are Haitians, and two are hemophilia patients.

Twenty-eight AIDS patients were Canadian-born; 17 were Haitian; and the remaining six were either born in other countries or of unknown birthplace. Twenty-three (45%) of these patients resided in Quebec; 17 (33%), in Ontario; six (12%), in British Columbia; two (4%), in Nova Scotia; one (2%), in Alberta; one (2%), in Manitoba; and one (2%), in Newfoundland. The onset of AIDS in three patients occurred in 1979; in four, in 1980; in eight, in 1981; in 17, in 1982; and in 17, in 1983 (up to November 25); dates of onset are unknown in the remaining two.

Symptoms, including prodromal complaints, were as follows: excessive weight loss (20%), generalized lymphadenopathy (16%), fever (15%), dyspnea (10%), oral thrush (10%), and skin lesions (5%). Kaposi's sarcoma (KS) was diagnosed in 11 (22%) patients, *Pneumocystis carinii* pneumonia (PCP) in 27 (53%), and other opportunistic infections in the remainder. KS and PCP were the only diagnoses in 14, while multiple infections with *Candida albicans*, cytomegalovirus, herpes simplex virus, *Toxoplasma gondii*, and *Cryptococcus neoformans* were found in 22 KS or PCP patients. The opportunistic infections group included combinations of these same organisms with one *Histoplasma capsulatum* infection. *Mycobacterium tuberculosis* was isolated in seven Haitian and two Canadian-born patients. One isolate each of *M. avium-intracellulare*, *M. terrae*, and *M. scrofulaceum* was reported.

The highest mortality rate (65%) occurred among patients of Haitian origin, with toxoplasmosis being the fatal infection in six of the 11 deaths. The mortality rate in the homosexual group was 48%, with PCP accounting for 50%.

AIDS — Continued

Infants have not been included in these statistics because of the uncertainty in distinguishing their illnesses from previously described congenital immunodeficiency syndromes. Four such reports have reached LCDC, three involving children of Haitian origin and one possibly associated with exchange transfusions shortly after birth.

Reported in Canada Diseases Weekly Report, 1983;9:186-7, by S Handzel, MD, Bureau of Epidemiology, LCDC, Ottawa, Ontario.

Erratum: Vol. 32, No. 47

- p. 613. In the article, "Update: Acquired Immunodeficiency Syndrome (AIDS) among Patients with Hemophilia—United States," the last name in the second line of credits on p. 614 should be: P McPhedran, MD.

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The data in this report are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the succeeding Friday.

The editor welcomes accounts of interesting cases, outbreaks, environmental hazards, or other public health problems of current interest to health officials. Such reports and any other matters pertaining to editorial or other textual considerations should be addressed to: ATTN: Editor, *Morbidity and Mortality Weekly Report*, Centers for Disease Control, Atlanta, Georgia 30333.

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